Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)				
	C C00553560			
Check if 24-hour report 48-hour report New report Amends report filed on 05 / 17 / 2016				
Full Name of Payee CONSOLIDATED MAILING SERVICES	Date of Public Distribution/Dissemination			
Mailing Address 504 SHAW RD	05			
SUITE 206	Amount			
City State Zip Code	33.54			
STERLING VA 20166	Transaction ID : SE.46631 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER MAIL Category/ Type 004	05 16 / 2016			
Name of Federal Candidate Support O	ffice Sought: House District: 00			
TIMOTHY E SCOTT Oppose	President Senate State: SC			
Odichadi Todi To Bato	sbursement For: Primary X General 16 Other (specify) ▶			
Full Name of Payee CONSOLIDATED MAILING SERVICES	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 504 SHAW RD	00 10 2010			
SUITE 206	Amount			
City State Zip Code	174.44			
STERLING VA 20166	Transaction ID : SE.46635 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER MAIL Category/ Type 004	05 16 Y Y Y Y Y Y			
Name of Federal Candidate Support O	ffice Sought:			
WILLIAM HURD Oppose	President Senate State: TX			
	isbursement For: Primary General O16 Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	207.98			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
SCOTT B MACKENZIE [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Oignatui c				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXIEND	TTOTILO		PAGE 2 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUB	LICAN PART	Y)		DENTIFICATION NUMBER ▼
			C	C00553560
Check if 24-hour report 48-hour report	New rep	ort X Amends repo	ort filed on 05	17 2016
Full Name of Payee CONSOLIDATED MAILING SER	VICES		Date of Pub	lic Distribution/Dissemination / Page 16 2016
Mailing Address 504 SHAW RD			Amount	2010
SUITE 206				
City STERLING	State VA	Zip Code 20166		18.06 ID : SE.46639
Purpose of Expenditure VOTER MAIL		Category/ Type 004	Date of Disk	oursement or Obligation 16 2016
Name of Federal Candidate				21.11.01
MIA LOVE		Support Oppose	Office Sought: President	House District: 04 Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		18166.24	Disbursement For:	Primary X General
Full Name of Payee				lic Distribution/Dissemination
DIRECT SUPPORT SERVICES IN	2		Mark of Pub	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1155 - 15TH STREET NW			Amount	2010
SUITE 410			Autount	
City WASHINGTON	State DC	Zip Code 20005	Transaction	31.59 ID : SE.46632
Purpose of Expenditure		Category/	Date of Disk	oursement or Obligation
VOTER MAIL		Type 004	05	16 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District: 00
TIMOTHY E SCOTT		Oppose	President	Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		18222.70	Disbursement For: 2016 Other (s	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	49.65
(b) SUBTOTAL of Unitemized Independent Expense	nditures		. •	- 1 - 2 - 1 - 2 - 1
(c) TOTAL Independent Expenditures)	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
SCOTT B MACKENZIE Signature	[Electron	iically Filed] Date	09 / 19	2016
Signature				

PAGE OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) C00553560 ¥ 48-hour report New report | X | Amends report filed on Check if 24-hour report 05 2016 17 Full Name of Payee Date of Public Distribution/Dissemination DIRECT SUPPORT SERVICES INC 2016 05 16 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** State Zip Code City 164.28 DC 20005 Transaction ID: SE.46636 WASHINGTON Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER MAIL** 004 05 16 2016 Type Name of Federal Candidate 23 **X** House **✗** Support Office Sought: District: WILLIAM HURD ΤX Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 18581.58 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination DIRECT SUPPORT SERVICES INC 05 16 2016 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** City State Zip Code 17.00 WASHINGTON DC Transaction ID: SE.46640 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 VOTER MAIL 2016 05 16 Type Name of Federal Candidate 04 **✗** Support Office Sought: **✗** House District: MIA LOVE UT Oppose President Senate State: Primary **X** General Calendar Year-To-Date Disbursement For: 2016 18183.24 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 181.28 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 09 19 2016 Date Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	XI ENDII	OTIES		PAGE 4 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	LDADTV	^	FI	EC IDENTIFICATION NUMBER ▼
VIGOP (VIRGIN ISLANDS REPUBLICAN	NFARII)		C00553560
Check if 24-hour report x 48-hour report	New repor	t X Amends repo	rt filed on 05	
Full Name of Payee			Date of	Public Distribution/Dissemination
DSSI Malling Address			O5	
Mailing Address 1155 - 15TH STREET NW			Amount	
SUITE 410		The Control		504
City State WASHINGTON DO		Zip Code 20005	Transac	5.94 tion ID : SE.46633
		20005		Disbursement or Obligation
Purpose of Expenditure VOTER MAIL		Category/ Type 004	M OS	
Name of Federal Candidate	ı	x Support	Office Sought:	House District: 00
TIMOTHY E SCOTT		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		18228.64	Disbursement F 2016 Other	For: Primary x General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
DSSI			O:	
Mailing Address 1155 - 15TH STREET NW			Amount	
SUITE 410				
City Sta	_	Zip Code	يحلل	30.92
WASHINGTON DO	С	20005		ion ID : SE.46637 Disbursement or Obligation
Purpose of Expenditure VOTER MAIL		Category/ Type 004	0.5	
Name of Federal Candidate	<u> </u>	x Support	Office Sought:	₩ House District: 23
WILLIAM HURD		Oppose	President	TY
Calendar Year-To-Date Per Election for Office Sought		18612.50	Disbursement F 2016 Othe	For: Primary ✗ General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				36.86
,				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures.			•	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
SCOTT B MACKENZIE	[Electronic	ally Filed] Date	M M / D	19 2016
Signature				

· · · · · · · · · · · · · · · · · ·				FOR SE	OF FORM 24/48
NAME OF COMMITTEE (In Full)		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		FEC IDENTIFICA	TION NUMBER ▼
VIGOP (VIRGIN ISLANDS REPU	SLICAN PART	Υ)		C C0055356	0
Check if 24-hour report 🗶 48-hour report	New repo	ort X Amends repo	ort filed on	05 / 17	2016
Full Name of Payee			Date	of Public Distribution	on/Dissemination
DSSI				M / D D D 16	2016
Mailing Address 1155 - 15TH STREET NW			A		
SUITE 410			Amo	ount	
City	State	Zip Code			3.20
WASHINGTON	DC	20005		saction ID : SE.466 of Disbursement o	
Purpose of Expenditure VOTER MAIL		Category/ Type 004		05 / 16	2016
Name of Federal Candidate		x Support	Office Soug	ght: X House	District: 04
MIA LOVE		Oppose	Presi	dent Senate	State: UT
Calendar Year-To-Date Per Election for Office Sought		18186.44	Disburseme		ary X General
Full Name of Payee				Other (specify) ► _	on/Discousingtion
FORTH RIGHT STRATEGY INC			Date	e of Public Distributi	/ Y Y Y Y Y Y Y Y Y 2016
Mailing Address 1155 - 15TH STREET NW			Amo		
SUITE 410					
City	State	Zip Code			20.31
WASHINGTON	DC	20005		saction ID : SE.2084 e of Disbursement of	
Purpose of Expenditure VOTER MAIL		Category/ Type 004		05 / 16	2016
Name of Federal Candidate		x Support	Office Soug	ght: House	District: 00
TIMOTHY E SCOTT		Oppose	Presi	dent X Senate	State: SC
Calendar Year-To-Date Per Election for Office Sought		18157.57	Disburseme 2016	ent For: Prima	ary 🗶 General
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·· • [7 7	
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
SCOTT B MACKENZIE	[Electron	ically Filed] Date	e 09		2016
Signature					

PAGE

OF

PAGE OF 6 FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) C00553560 ¥ 48-hour report New report | X | Amends report filed on Check if 24-hour report 05 2016 17 Full Name of Payee Date of Public Distribution/Dissemination FORTH RIGHT STRATEGY INC 2016 05 16 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** State Zip Code City 105.60 DC 20005 Transaction ID: SE.20849 WASHINGTON Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER MAIL** 004 05 16 2016 Type Name of Federal Candidate 23 **x** ∣ House **✗** Support Office Sought: District: WILLIAM HURD ΤX Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 18242.86 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination FORTH RIGHT STRATEGY INC 05 16 2016 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** City State Zip Code 10.93 WASHINGTON DC Transaction ID: SE.20850 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 VOTER MAIL 2016 05 16 Type Name of Federal Candidate 04 **✗** Support Office Sought: **✗** House District: MIA LOVE UT Oppose President Senate State: Primary **X** General Calendar Year-To-Date Disbursement For: 2016 18148.18 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 116.53 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 09 19 2016 Date Signature

PAGE	7	OF	8	
FOR SE	OF	FORM 24	l/48	

	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) FEC IDENTIFICATION NUMBER ▼				
	C C00553560			
Check if 24-hour report 48-hour report New report Amends report filed on 05 / 17 / 2016				
Full Name of Payee LEGACY LIST MANAGEMENT INC	Date of Public Distribution/Dissemination			
	05 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1155 - 15TH STREET NW SUITE 410	Amount			
City State Zip Code	11.96			
WASHINGTON DC 20005	Transaction ID : SE.46634 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER MAIL Category/ Type 004	05 / 16 / 2016			
Name of Federal Candidate Support Office	e Sought: House District: 00			
TIMOTHY E SCOTT Oppose	President Senate State: SC			
Calendar Year-To-Date Per Election for Office Sought Disbut 18240.60 2016	ursement For: Primary X General			
rei Election for Office Sought	Other (specify) ▶			
Full Name of Payee LEGACY LIST MANAGEMENT INC	Date of Public Distribution/Dissemination			
Molling Address	05 16 2016			
Mailing Address 1155 - 15TH STREET NW SUITE 410	Amount			
City State Zip Code	62.17			
WASHINGTON DC 20005	Transaction ID : SE.46638 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER MAIL Category/ Type 004	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office	e Sought: X House District: 23			
WILLIAM HURD Oppose	President Senate State: TX			
Calendar Year-To-Date Per Election for Office Sought Disbut 18674.67	ursement For: Primary General			
	Other (specify) -			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
SCOTT B MACKENZIE [Electronically Filed] Date 0	9 19 2016			
Signature Date C	2010			

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)	C C00553560			
Check if 24-hour report 48-hour report New report	t 🗶 Amends report filed	on 05 / 17 / 2016		
Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination		
LLGAOT LIST IVIANAGEIVIENT INC		05 16 2016		
Mailing Address 1155 - 15TH STREET NW				
SUITE 410		Amount		
	ip Code	6.43		
WASHINGTON DC 2	20005	Transaction ID : SE.46642 Date of Disbursement or Obligation		
Purpose of Expenditure VOTER MAIL	Category/ Type 004	05 16 2016		
Name of Federal Candidate	✗ Support Office	e Sought:		
MIA LOVE	Oppose	President Senate State: UT		
Calendar Year-To-Date		ursement For: Primary K General		
Per Election for Office Sought	18192.87 2016	Other (specify)		
Full Name of Payee		Date of Public Distribution/Dissemination		
Mailing Address		Amount		
City State Z	lip Code			
		Date of Dishursesset of Ohli II		
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation		
Name of Federal Candidate	Support Office	e Sought: House District:		
		President Senate State:		
Calandar Voor To Data		ursement For: Primary General		
Calendar Year-To-Date Per Election for Office Sought	Displ	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
SCOTT B MACKENZIE [Electronica	11 73:1 13	19 / Page 19 2016		
Signature				

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